



Group Operation  
400 – 200 Main Street, Winnipeg, MB R3C 1A8

**Group Benefits  
Change of Beneficiary**

**IDENTIFICATION**

Policy #: G Employer Name: \_\_\_\_\_ Claimant ID#: WLI

Employee Name: \_\_\_\_\_  
First Name Last Name

**GENERAL INFORMATION**

- 1 Please note that designating a beneficiary is one of the most important decisions you will make regarding this Group Insurance Plan. The designation that you make should clearly reflect your intentions of who will receive the death benefit proceeds.
- 2 If you are designating a beneficiary who is a minor, insurance proceeds cannot be paid directly to him/her. In order to avoid difficulties with settlement of a claim, a trustee should be named for all minor children.
- 3 When percentages have been allocated to each beneficiary, only these amounts can be paid to each beneficiary. Should one of the beneficiaries die before you, his/her portion will be made payable to your estate.

**CHANGE OF BENEFICIARY**

**Change of Beneficiary for:**  Employee Life Insurance (Choose One) and / or  Optional Life Insurance

I revoke the appointment of any existing beneficiary(ies) and designate the following person(s) to receive the money payable under the Wawanesa Life Group Insurance Plan listed above.

I reserve the right, without the consent of the beneficiary(ies), to further change the beneficiary subject to any statutory restrictions.

Primary Beneficiary's Name(s)			% Allocated	Relationship of Beneficiary to Applicant
_____ Last Name	_____ First Name	_____ Initial	_____	_____
_____ Last Name	_____ First Name	_____ Initial	_____	_____
_____ Last Name	_____ First Name	_____ Initial	_____	_____
_____ Last Name	_____ First Name	_____ Initial	_____	_____
_____ Last Name	_____ First Name	_____ Initial	_____	_____

**If no beneficiary survives the Life Insured, I designate the following person(s):**

*Contingent Beneficiary's Name(s)			% Allocated	Relationship of Beneficiary to Applicant
_____ Last Name	_____ First Name	_____ Initial	_____	_____
_____ Last Name	_____ First Name	_____ Initial	_____	_____
_____ Last Name	_____ First Name	_____ Initial	_____	_____

**TRUSTEE DESIGNATION**

**Trustee Designation:** I hereby appoint \_\_\_\_\_  
Name Relationship

As Trustee to receive any payments on behalf of \_\_\_\_\_, the beneficiary that I have designated above during his/her minority.

**\*Release and Consent of the Present Preferred or Irrevocable Beneficiary (if any)**

The present Beneficiary's signature is only required if designated irrevocably.

I, the present Beneficiary, release my right, claim or interest in the said contract and assign and transfer my interests to the Beneficiary(ies) named above.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Beneficiary



**AUTHORIZATION & ACKNOWLEDGEMENT**

I understand that this Change of Beneficiary will not take effect unless this form is received and validated by The Wawanesa Life Insurance Company. After such receipt and validation, the Change of Beneficiary will take effect on the date of such validation.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Employee

\_\_\_\_\_ Witness Name (Please Print)

\_\_\_\_\_ Signature of Witness

**NOTICE CONCERNING PERSONAL INFORMATION**

You have previously provided consent to Wawanesa Life for the collection, use and disclosure of your personal information for the purposes of: establishing and maintain communications with you; underwriting risks on a prudent basis; investigating and paying claims; detecting and preventing fraud; offering and providing products and services to meet your needs; compiling statistics and acting as required or authorized by law. That consent applied to personal information being provided to Wawanesa Life at that time and to personal information that may be provided after that time.

You can obtain further information about Wawanesa Life's Personal Information Protection Policy from the Wawanesa Life Head Office at 400 – 200 Main Street, Winnipeg, MB R3C 1A8 or at [www.wawanesalife.com](http://www.wawanesalife.com).

**FOR WAWANESA LIFE HEAD OFFICE USE ONLY**

Recorded by The Wawanesa Life Insurance Company this \_\_\_\_\_ day of \_\_\_\_\_.

Validated by: \_\_\_\_\_

**\*Note**

**Contingent Beneficiaries**

In the event that the primary beneficiary dies before the life insured, death claim proceeds will be paid to the contingent beneficiary. If no contingent beneficiary has been named, the beneficiary becomes the estate of the life insured, except in the case of third party ownership, in which case the policyowner becomes the beneficiary.

**Irrevocable Beneficiaries**

Prior to making a beneficiary change, the present beneficiary's signature is required in the following instance:  
If the present beneficiary was designed irrevocably (that is, the policyowner cannot make beneficiary changes without the present beneficiary's consent)

**To name an irrevocable beneficiary, the term "irrevocable" must be included in the form under the "Relationship of Beneficiary to Applicant" section.** All future transactions affecting the policy will require both your signature and that of the irrevocable beneficiary. To ensure that future requests are correctly authorized, we suggest that the irrevocable beneficiary also sign the form at this time.